



08-13-02

#12/63
Patricia Lefor
#4/req for
Extension
PATENT
Office
+ fee
8.23.02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert L. Cadoux

Application No.: 09/491,388
Filed: January 26, 2000

Group Art Unit: 2164
Examiner: Pwu

For: A SERIALLY STAGED, INITIAL PUBLIC STOCK OFFERING METHOD

Commissioner for Patents
Washington, DC 20231

EXPRESS MAIL CERTIFICATE

"Express Mail" label number EU150763309US

Date of Deposit August 12, 2002

I hereby certify that the following attached paper or fee

AMENDMENT TRANSMITTAL
RESPONSE TO OFFICE ACTION
CHECK PAYABLE TO PTO (For 3 months ext. fees)

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AUG 19 2002

Technology Center 2100

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Washington, DC 20231.

Beth H. Retort

(Typed or printed name of person mailing paper or fee)

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NOTE: The label number need not be placed in each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail." Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.

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FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	19•	MINUS	20••	=0	x9=	\$0		x18=	\$0.
INDEP.	2•	MINUS	3•••	=0	x42=	\$0		x84=	\$0.
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+130=	\$		+280=	\$
					TOTAL ADDIT. FEE	\$0	OR	TOTAL ADDIT. FEE	\$0.

- If the entry in Col. 1 is less than entry in Col. 2, write "1" in Col. 3.
- If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."
- If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3."
The "Highest No. Previously Paid for" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).

Complete (c) or (d), as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 460.00

☐ Charge Account No. _____ the sum of \$ _____

A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No.
7. 11-1110

AND/OR

- ☒ If any additional fee for claims is required, charge Account No.
11-1110


SIGNATURE OF PRACTITIONER

Reg. No.: 40,120

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